

**DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES**



**BRIAN SCHWEITZER  
GOVERNOR**

**JOAN MILES  
DIRECTOR**

---

**STATE OF MONTANA**

---

Developmental Disabilities Program  
111 North Sanders Street, Room 305  
P.O. Box 4210  
Helena, MT 59620

**TO:** Wayne Edwards, Board President; Central Montana Medical Center  
David Faulkner, CEO; Central Montana Medical Center  
Brenda Wilmont, DDP Case Management Supervisor; Central Montana Medical Center

**FROM:** Shannon Merchen, Quality Improvement Specialist; State of Montana

**SUBJECT:** 2008 Quality Assurance Review

Attached is the Annual Quality Assurance Review of Developmental Disabilities Case Management services provided by the Central Montana Medical Center for Fiscal Year 2008. This review covers the period from April 2007 through April 2008.

**Cc:** Suzn Gehring; DDP Region III Manager  
Tim Plaska; DDP Community Services Bureau Chief  
John Zeeck; DDP Quality Assurance Specialist  
Perry Jones; DDP Waiver Specialist

**State of Montana**  
**Quality Assurance Review**  
**CMMC Case Management for Region 3**  
**7/24/2008**

**SCOPE OF REVIEW:**

The purpose of this summary is to evaluate the Case Management services provided by CMMC to developmentally disabled individuals served in Region 3. Services were reviewed based on the July 07 Quality Assurance Standards for Case Management. The period of Review was from April of 2007 through March of 2008. Four files were reviewed for the full time case manager: two that are in services and two that have only case management services. Two files were reviewed for each of the part time case managers: one in service and one with only case management.

**Individuals in Services Case Files:**

- **Client Surveys** – All the files reviewed had client surveys present. Some of the files had the old client survey. The new PSP information gathering sheets were observed in two of the files, these should be the forms that are used for the client surveys as they have all the information gathering questions as well as including the client survey questions.
- **Waiver 5 Form** – The Waiver 5 forms were present in each file reviewed. It is suggested that the case manager forward the original to the QIS and keep a copy for the file or have the QIS sign the Waiver 5 and return a copy.
- **Annual IP/PSP** – All individuals have had either an IP or a PSP within 365 days. No deficiencies were noted.

## **Individuals in Services Case Files: (continued)**

- **Quarterly Reports** – Quarterly reports are kept in one binder for all the individuals. I found it difficult to locate individual quarterlies and to determine if they had been reviewed. I suggest that when one quarter is complete and reviews are done that documentation goes into the client files so it is easily accessible and able to be referred to. Also this should be noted in contact notes that the quarterlies were received and reviewed by the case manager.
- **IP/PSP Revised, if needed** – No revisions were necessary on any of the IP's or PSP's reviewed. All plans reviewed were very thorough and complete.
- **Services Delivered According to IP/PSP** – All of the files reviewed showed that services were delivered according to what was written in the plan. It was noted that one of the files reviewed in the sample did not have completion dates written on the action steps and one of the files reviewed did not have review dates written on the action steps.
- **Services Coordinated** – Of the files reviewed there were numerous examples of service coordination. Through out the PSP/IP's reviewed there are several areas where the Case Managers assisted with service coordination. No deficiencies were noted.
- **Abuse, Neglect, and Exploitation Protocols Followed** – Case Managers are part of the Developmental Disabilities Program Incident Management system. CMMC case managers take turns attending RSD's Incident Management meetings via conference call. APS involvement does not seem to be an issue for any of the files I reviewed. No deficiencies in this area are noted.

Page 2  
QA Review  
April 29<sup>th</sup>, 2008

## **Individuals in Services Case Files: (continued)**

- **Provides Training re Abuse Reporting** – This is a new requirement with the 0208 Waiver. Questions ask by the QIS's to individuals, guardians, or people who know them best indicated most individuals would call the police or tell someone they trust. CMMC has a form that the individual, the guardian and/or the provider sign stating the case manager has reviewed the appropriate numbers to call if someone feels they are being abused. This is a good way to document that this has occurred.
- **Provides Technical Assistance for Wavier-** This is also a new requirement for the 0208 waiver. This could be reviewed at the annual meeting or if the individual or guardian requests information about other waiver services. It is suggested that waiver services be addressed at least annually (prior to the PSP) or when an individual or guardian has questions about other waiver services. It is suggested that these discussions be noted in the contacts.
- **Face to Face Contacts** – Face to Face contacts for individuals in services were met or exceeded for the files reviewed. With the many changes and new demands on case management, this is an excellent accomplishment. The face to face contact requirements for people in services have changed this year from 4 to 6.

### **Individuals with Case Management Services Only:**

- **Completed, Current Individuals Service Plan** – One of the files reviewed did not have an ISP. This file was incomplete and the person had been opened since 10/2007. All the other files reviewed had a completed and updated ISP that was easily located.
- **Referrals Up-to-Date** – One file did not have any referral information in it. This person is still in High School and may not be ready to be referred for adult services; however this was not documented in the contact notes. It is recommended that a referral be done or documentation is done in the case notes that indicate no referral is desired. All the other files reviewed had referral information that was current and updated as necessary.
- **Additional Available Resources Being Accessed** – Of the files sampled there are many examples of Case Managers going above and beyond in helping individuals and their families get needed services. Some of the services noted are; OPA, HRDC, Social Security, Job Corps, and Voc Rehab. These individuals and families would fall through the cracks without Case Managers there to help them access the services they need.
- **Face-to-Face Contacts** –Case managers met or exceeded the number of required face-to-face contacts. With all of the changes in our system, and the wide geographically area the case managers cover this is a very commendable accomplishment. The number of face-to-face contacts for people with case management only will be increasing from 2 to 4 in the coming year.

### **Caseload size:**

The break down of the Case Managers is as follows: There is one full time case manager and two part time. The full time CM has 29 clients on his case load; the two part time CM's have 16 and 17 on their case loads. This is well below the 35 maximum for full time and the prorated amount for part time.

**Conclusion:**

CMMC continues to provide quality case management services to people with Developmental Disabilities; they assist the people on their case loads in many ways. Many changes have occurred in the last year with case management, we appreciate your willingness to continue to get the job done.  
Thank you!

Areas that need addressed based on the above review are:

- ISP's are updated for all individuals and then updated annually after that.
- PSP's need to have the completion dates on the document. In addition the the dates should be decided at the meetings when those action steps will be completed. They should be reviewed quarterly at least.

The above items could be addressed through internal file reviews of by peers or the supervisor. Please let us know how you intend to address these problem areas by August 24<sup>th</sup>, 2008.

I would like to thank everyone who assisted in this process and for your cooperation.

Shannon Merchen, QIS  
DPHHS/ DDP